



## NOTICE OF PRIVACY PRACTICES

YUMA REGIONAL MEDICAL CENTER 928-344-2000

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Hospital and the other businesses owned by Yuma Regional Medical Center (YRMC), and how we may disclose your medical information to others. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Hospital or other medical records to assist in your treatment at the Hospital or other YRMC businesses and for follow-up care.

**Appointments:** We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Patient Directory:** In order to assist family members and other visitors in locating you while you are in the Hospital, YRMC maintains a patient directory. This directory may include your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members. If you do not want to be included in the Hospital's patient directory, please inform the Hospital's registration personnel, Privacy Official or inform nursing personnel that you want your name removed from the Hospital's patient directory.

**Family Members and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Hospital or other YRMC businesses to disclose your medical information to family members or others who will visit you, please inform registration personnel, nursing personnel or the management at other YRMC businesses that you do not want the Hospital or the other business to disclose your medical information to family members or others. You have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

**Hospital Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Hospital and other YRMC businesses. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Hospital personnel, your doctors, or other health care professionals did a good job.

Downtime

**Business Associates:** We may use and disclose your PHI to others that assist us in operating our businesses. They may perform various services for us. These outside companies are called “business associates”. They contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Fundraising Activities:** Many of our patients like to make contributions to the Hospital. We may use certain information (name, address, phone number, email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for YRMC and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. If you do not want the Hospital or its foundation to contact you for fundraising and you wish to opt out of these contacts, or if you wish to opt back in to their contacts, you must call or email the Yuma Regional Medical Center Foundation at # 928-336-7045 or email [foundationemail@yumaregional.org](mailto:foundationemail@yumaregional.org). You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at YRMC and other YRMC businesses.

**Shared Medical Record/Health Information Exchanges:** We maintain PHI about our patients in shared electronic medical records that allow the Hospital and other YRMC businesses to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make our PHI available electronically to those who need it to treat you.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information. In some instances, the law allows us to do some research using your PHI without your approval.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients’ medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers’ Compensation Program for work-related injuries.

**Public Health:** We may report certain medical information for public health purposes when required or permitted to do so by federal, state, or local law. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Hospital or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the Hospital’s and other YRMC businesses’ compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Hospital and other YRMC businesses may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services, as appropriate.

**Judicial Proceedings:** The Hospital and other YRMC businesses may disclose medical information if we are ordered to do so by a court or if the Hospital or other YRMC businesses receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances.

**Mobile Application:** MyCare may interact with your sensitive data to provide certain features, such as video visits or mobile appointment check-in. The first time you try to use any of these features, we will ask for your consent within the app and will only allow you to use a feature if you give consent. You do not have to provide consent if you do not want to allow MyCare to interact with your data as requested. MyCare is developed by Epic Systems Corporation; please refer to [Epic's Mobile Application Privacy Policy for Patients](#) for more detailed information about the limited ways they may interact with your information to make your use of MyCare possible.

MyCare may offer location-based check-in for in-person appointments or allow you to find healthcare providers near you. The first time you try to use any features that use your location, we will ask for your consent within the app and will only access your location if you give consent. You do not have to provide consent if you do not want to allow MyCare to use your location. We do not store your location data.

With your permission, certain versions of our Applications can connect to Apple HealthKit or Google Fit to receive health information and to share that information with your healthcare providers. Our Applications do not share your health information with HealthKit, Google Fit, or other software enabled with HealthKit or Google Fit. The security of your information and data while using our Applications is very important to us. Our Applications employ a variety of technical safeguards to protect the confidentiality, integrity, and availability of your personal information including supporting Transport Layer Security (TLS)/Secure Sockets Layer (SSL) certificate technology and encryption.

**Other Uses and Disclosures:** If the Hospital or the other YRMC businesses wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify Yuma Regional Medical Center, Attention: Health Information Management Department at the Hospital or other YRMC business at the address at the top of this Notice.

## **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to Yuma Regional Medical Center, Attention: Health Information Management Department at the Hospital or other YRMC business at the address on the top of this Notice. If you request a copy of your information, you will be requested to complete an authorization and we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to Yuma Regional Medical Center, Attention: Health Information Management Department at the Hospital or other YRMC business at the address on the top of this Notice.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to Yuma Regional Medical Center, Attention: Health Information Management Department at the Hospital or other YRMC business at the address on the top of this Notice. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How the Hospital or other YRMC Businesses Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Hospital. We are not required to agree to your request, but if we do agree, we will comply with that agreement. We will agree to restrict disclosure of PHI about an individual to a health plan if the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid YRMC or other YRMC businesses in full. For example, if a patient pays for a service completely out of pocket and asks us not to tell his/her insurance company, we will abide by this request. If you want to request a restriction, write to Yuma Regional Medical Center, Attention: Health Information Management Department at the Hospital or other YRMC business at the address on the top of this Notice. Please describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. You may request not to be contacted on your cell phone and or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication. To do this, contact Yuma Regional Medical Center Privacy Official at 928-336-7600 or email [Compliance@yumaregional.org](mailto:Compliance@yumaregional.org). You can also ask to speak with your health care providers in private outside the presence of other patients—just ask them!

**Right to be Notified of a Breach:** You have the right to be notified in the event that we or one of our Business Associates discovers a breach of unsecured PHI.

**Right to Copy:** If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our Web site, at [www.yumaregional.org](http://www.yumaregional.org), or you may obtain a paper copy of the notice by visiting any of our Yuma Regional Medical Center Information Desks or Patient Registration areas, going to our Health Information Management Department or requesting a copy by writing to Yuma Regional Medical Center, Attention: Privacy Official, at 2400 South Avenue A Yuma, Az. 85364.

MyCare is a safe, secure, online health management tool that connects YRMC patients to portions of their personalized health information. An activation code will be provided at the end of your hospital stay. You may also contact the Health Information Management Release of Information Desk to request an activation code or visit us online at [www.yumaregional.org](http://www.yumaregional.org). Select YRMCCare for directions.

### **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by visiting our Web site, at [www.yumaregional.org](http://www.yumaregional.org) or you may obtain a paper copy of the notice by visiting any of our Yuma Regional Medical Center Information Desks or Patient Registration areas.

**WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to the Hospital and the other YRMC Businesses listed at the top of this Notice, and all YRMC personnel, volunteers, students, and trainees. The Notice also applies to other health care providers and other YRMC businesses that come to the Hospital to care for patients (such as physicians, physician assistants, medical residents, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by YRMC), unless these other health care providers give you their own Notice that describes how they will protect your medical information. The Hospital may share your medical information with these providers for their treatment, payment, and health care operations. This arrangement is only for purposes of sharing information.

**DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information. If you have a concern, please contact the Privacy Official at Yuma Regional Medical Center.

If for some reason the Hospital cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

**DO YOU HAVE QUESTIONS?**

The Hospital is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the Hospital may use and disclose your medical information, please contact the Privacy Official at 928-336-7600 or email [Compliance@yumaregional.org](mailto:Compliance@yumaregional.org).